Records that concern public funds such as HOT Funds are considered Public Records under the Texas Public Information Record Act.

This is a sample of the records only.

	$\Delta \Delta \Delta$
Form	990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2006

Dep	lo inemise neveñ laus	I the Treasury	► The c	organization may have to use	a copy of this return to s	satisfy	state reporting re	едигет	ents	Inspection
Ā			ar year, o	or tax year beginning	, 2006	, and	ending			······································
В		applicable	f	C Name of organization				D Emp	loyer ider	illisation Number
	r	ess change	Please use IRS label	HUNTSVILLE WALKER	CO.CHAMBER OF	COM	MERCE	74	-0702	2260
		in change	or print	Number and street (or P.O. box if	·		Room/suite	E Tele	phone nu	mber
	Marce	i) relute	See specific	P.O. BOX 538				و) أ	36) 2	295-8113
	 	l rotorn	instruc.	City, town or country	Sta	te ZIP	code + 4	F Acce		Cash X Accinal
	****			HUNTSVILLE	Т	x 7'	7342-0538		Other (sp	
	77	isdett return					H and I are not applied	Li_l		
	Appli	ication pending	charit	on 501(c)(3) organizations and able trusts must attach a con	i 4947(8) Nonexempt ipleted Schedule A		H (a) is this a group			
				990 or 990-EZ).	,		H (b) If Yes, enter			
G	Web sit	te:►N/A	·				H (C) Are all alfilia			Yes X No
J		zation type only one)	•	X 501(c) 6 4 (ansert)	4947(a)(1) or	527	(If 'Ne,' attact H (d) is this a sepa			
ĸ				zation is not a 509(a)(3) supp			organization o			
•••	gross re	eceipts are no	ormaliy n	ot more than \$25,000. A retur	n is not required, but if	the	I Group Exe	nobon	Numbe	
	organız	ation chooses	s to file a	return, be sure to file a comp	lete return					tion is not required
L	Gross re	ecernts Add i	ines 6b.	8b, 9b, and 10b to line 12 🟲	486,035,					990-EZ, or 990-PF)
	art I	Revenue.	Expen	ses, and Changes in N	et Assets or Fund I	Balar	ices (See the	instru	ictions	;,)
	,			nts, and similar amounts rece						
	1	entributions to	-		· - ··	1a	1			
	!			ot included on line 1a)		16	·	000.		
	1	•		not included on line 1a)		10		<u> </u>		
	1	•		ns (grants) (not included on hi	ne 1a)	1 d			[
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	2 2	rooksom corver	:0 to\to\u	e including government fees	end contracts (from Part	,	ne 93)	•	2	172,295.
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	}	ross rents	milierest ii	OH SECULINGS		6 a	l	ł		
			202040			6b				
		ess rental exp	•	ss) Subtract line 6b from line	£3	<u></u>	<u> </u>		6 c	
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N		an inventory				+	<u></u>		1	
Ē				and sales expenses		86	 		İ	
		in or (loss) (attai			(0)	8 c	<u> </u>			
	1			oine line 8c, columns (A) and rities (attach schedule). If any		chas	k nere	ı F	_8d	
	,	ross revenue			0. of contributions	4 CHICL	Kilere [4		•
		ported on line	•		01 00111100110710	9 a	120,	065.		
		7 .		her than fundraising expense:	S .	9b		620.	.	
				n special events. Subtract line		`	See L-9 St		9 c	78,445.
				, tess returns and allowances		10 a		Ī		
		ess cost of go	-			10b				
				s of inventory (altach schedule). Sub-	tract line 10b from line 10a				10 c	
				t VII, line 103)				ľ	11	
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P E				4, column (D))	11 /hr = =	Ø		ľ	15	######################################
ummozmozem				llach schedule)	JUN 1 5 2007	S		F	16	
5				es 16 and 44, column (A)		18		<u> </u>	17	441,409.
				e year Subtract line 17 (nom i	INPADENT LITE	"=			18	3,006.
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N S E E T T				sets or fund balances (attach			•	 	20	
\$				ces allend of year. Combine I				1	21	133,924.
BA				ork Reduction Act Notice, se		ons.	ŢΕ	EAGIOF	01/18/07	Form 990 (2006)

HUNTSVILLE WALKER CO.CHAMBER OF COMMERCE Form 990 (2006) 74-0702260 Page 2 Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Do not include amounts reported on line (8) Program (C) Management (A) Total (D) Fundraising 6b. 8b. 9b, 10b, or 16 of Part I and general services 22a Grants paid from donor advised funds (attach sch) (cash Ş \$ non-cash If this amount includes foreign grants, check here 22 a 22b Other grants and allocations (att sch) (cash \$ non-cash \$ If this amount includes foreign grants, check here 22 b Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) 24 25 a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) 82,009. 25a 82,009 b Compensation of former officers, directors, key employees, etc listed in Parl V-8 (attach sch) 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 25 c Salaries and wages of employees not included on lines 25a, b, and c 26 26 106,818. 106,818. Pension plan contributions not included on lines 25a, b, and c 27 27 9,009. 9,009 Employee benefits not included on lines 25a - 27 28 28 21,603. 21,603. 29 Payroll taxes 29 16,521. 16,521. 30 Professional fundraising fees 30 31 Accounting fees 31 6,075. 6,075. 32 Legal fees 32 33 Supplies 33 2,507. 2,507. 34 Telephone 34 8,002. 8,002. 35 Postage and shipping 35 4,200. 4,200. 36 Occupancy 36 24,968. 24,968. 37 Equipment rental and maintenance 37 9,964. 9,964 38 Printing and publications 38 39 Travel 39 40 Conferences, conventions, and meetings 40 9,570 9,570. 41 Interest 41 16,105 42 Depreciation, depletion, etc (attach schedule) 42 16,105. Other expenses not covered above (itemize) a ADVERTISING 43 a 2,319 2,319. b ANNUAL REPORT 43b 380 380. c APPRECIATION 430 513 513. d AUTOMOBILE EXPENSE 43 d 13,796 13,796 e BANK CHARGES 43 e 462 462 I BOARD ACTIVITIES 431 2,582 2,582 43 g 104,006. 104,006. g See Other Expenses Stmt Total lunctional expenses. Add lines 22a through 43g. (Organizations completing columns (B) (D), carry these totals to lines 13 - 15) 441,409. 441,409.

Joint Costs, Check 💆 🗀	f you are following SOP 98-2			
Are any joint costs from a co	ombined educational campaign and fundraising solicit	ation reported in (B) Program	services? ► Yes X No	
lf 'Yes,' enter (i) the aggrega	te amount of these joint costs \$, (ii) the amount a	illocated to Program services	
\$,	(iii) the amount allocated to Management and general	Î \$, and (iv) the amount allocated	
lo Fundraising \$				
DA4			C 000 /200	

Part III Statement of Program Service Accomplishments Statement of Program Service Accomplishments Statement of Program Service Statement of Statement of Program Service Statement of	Form 990 (2006) HUNTSV.	ILLE WALKER CO.CH	AMBER OF COMMERCE	74-07	02260	Page :
regarization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, lease make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments That is the organization's primary exempt purpose? CHAMBER OF COMMERCE II organization's must describe their exempt purpose achievements in a clear and concise manner. State the number of least sent exempt purpose achievements in a clear and concise manner. State the number of least sent exempt purpose achievements in a clear and concise manner. State the number of least sent exempt purpose achievements in a clear and concise manner. State the number of least sent exempts purpose achievements in a clear and concise manner. State the number of least sent exempts and allocations to others of least sent exempts and the concise manner. State the number of least sent exempts and allocations to others of least sent exempts and allocations to others. The program service expense is not exempted and the concise manner. The purpose achievements in a clear and concise manner. State the number of least sent exempts and concise manner. State the number of least sent exempts and allocations to others of the program service expense (change and the concise manner. The program service expenses (should equal line 44, column (B), Program services.	Part III Statement of I	Program Service Acco	mplishments			
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60 Accounts payable and accrued expenses 61 Grants payable 62 Deferred revenue 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 64a Tax-exempt bond liabilities (attach schedule) 65 Other liabilities. Add lines 60 through 65 66 Total liabilities. Add lines 60 through 65 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here and complete lines 70 through 74 70 Capital stock, first principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 74 (Column (A) must equal line 19 and column (B) must equal line 21) 61 Capital stock in control of through 69 or lines 70 through 73 and 74 75 (Column (A) must equal line 19 and column (B) must equal line 21) 62 Deferred revenue 63 1,707. 62 25,988. 63 detail control of 10 capital surplus and schedule) 64 a		59		58		'	185,584		183,405.
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Loans from officers, directors, Irustees, and key employees (attach schedule) 63 Loans from officers, directors, Irustees, and key employees (attach schedule) 64a Tax-exempt bond labilities (attach schedule) 65 Other liabilities (describe > 65 Other liabilities, Add lines 60 through 65 Other liabilities. Add lines 60 through 65 Other liabilities. Add lines 60 through 65 Other liabilities. Add lines 73 and 74 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 70 through 74 To Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 74 (Column (A) must equal line 19 and column (B) must equal line 21) 63 Loans from officers, directors, Irustees, and key employees (attach schedule) 64		61	• •						
63 Loans from officers, directors, Irustees, and key employees (attach schedule) 64a Tax-exempt bond liabilities (attach schedule) 65 Other liabilities, Add lines 60 through 65 66 Total liabilities, Add lines 60 through 65 67 Unrestricted 68 Temporarity restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 70 Capital stock, firust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 74 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 75 (Column (A) must equal line 19 and column (B) must equal line 21) 8	L	62					31.707.	62	25,988.
66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted	Å	62							
66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted	8	63				_		63	
66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted	į	64 a	Tax-exempt bond liabilities (attach schedule)					64 a	
66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted	Ė	b	Mortgages and other notes payable (attach schedule)			_		64 b	
Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 130, 918. 67 133, 924.	5	65	Other liabilities (describe			,		65	
through 69 and lines 73 and 74 67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here I and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 130, 918. 67 133, 924.	_	66	Total liabilities. Add lines 60 through 65				54,666.	66	49,481.
68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here ► □ and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 130, 918, 67 133, 924, 68 68 69 70 70 71 72 73 74 75 75 76 77 77 78 78 79 79 70 70 70 71 71 72 73 74 75 75 76 77 77 78 78 78 78 78 78 78 78 78 78 78	N	Orga	inizations that follow SFAS 117, check here 💌 💢 an	id comp	lete lines 6	7	İ		
68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here ► □ and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 130, 918, 67 133, 924, 68 68 69 70 70 71 72 73 74 75 75 76 77 77 78 78 79 79 70 70 70 71 71 72 73 74 75 75 76 77 77 78 78 78 78 78 78 78 78 78 78 78	Ē		through 69 and lines 73 and 74					•	
Organizations that do not follow SFAS 117, check here and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 130, 918. 73 133, 924.		67	Unrestricted			_	130,918.	67	133,924,
Organizations that do not follow SFAS 117, check here and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 130, 918. 73 133, 924.	JC JC	68	Temporarily restricted			L		68	
Organizations that do not follow SFAS 117, check here and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 130, 918. 73 133, 924.	Š	69	Permanently restricted	_				69	
70 Capital stock, trust principal, or current funds 70 Paid-in or capital surplus, or land, building, and equipment fund 71 Retained earnings, endowment, accumulated income, or other funds 72 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 73 130,918. 73 133,924.		Orga	nizations that do not follow SFAS 117, check here 🛌	ar	d complete	lines			
77 Paid-fir of capital surplus, of faild, building, and equipment fund 78 Retained earnings, endowment, accumulated income, or other funds 79 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 130, 918, 73 133, 924.	- 1		70 through 74			ľ			
77 Paid-fir of capital surplus, of faild, building, and equipment fund 78 Retained earnings, endowment, accumulated income, or other funds 79 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) 130, 918, 73 133, 924.	Ä	70	Capital stock, trust principal, or current funds			_		70	
		71	The state of the s			<u></u>		71	****
	Ě	72	Retained earnings, endowment, accumulated income, of	r other	funds	<u> </u>		72	
	ANCE	73	Total net assets or fund balances, Add lines 67 through 72 (Column (A) must equal line 19 and column (B) must	n 69 or	lines 70 thr	ough	130 918	73	133.924
	S	74	• • • • • • • • • • • • • • • • • • • •			 	· · · · · · · · · · · · · · · · · · ·		183,405.

		LKER CO. CHAMBER OF C			70.22.60 Page 5
P	art IV-A Reconciliation of Rev	enue per Audited Financia	al Statements with	n Revenue per Reti	urn (See the
	Instructions.y				
а	Total revenue, gains, and other sup	port per audited financial stateme.	nls		a 486,035.
b	Amounts included on line a but not				1,00,000.
	1 Net unrealized gains on investments		61		
	2Donated services and use of facilities	es	b2		
	3Recoveries of prior year grants		b3		
	4Other (specify) SPECIAL EVE	NTS EXPENSES			
			b4	41,620.	
	Add lines b1 through b4			_	b 41,620.
C	Subtract line b from line a				c 444,415.
d	Amounts included on Part I, line 12,				
	1 Investment expenses not included o	n Part I, line 6b	<u>d1</u>		
	20ther (specify)				
			d2		
	Add lines d1 and d2				<u>d</u>
e	Total revenue (Part I, line 12) Add				el 444,415.
P	art IV-B Reconciliation of Exp	enses per Audited Financi	al Statements wit	h Expenses per Re	turn
а	Total expenses and tosses per audit			<u> </u>	a 483,029.
b	Amounts included on line a but not o	•	f Lal		
	1Donaled services and use of facilitie		b1 b2		
	2Prior year adjustments reported on F	-art i, line 20	b3		
	3Losses reported on Part I, line 20	NTC CYDENCIC	103		
	40ther (specify) SPECIAL EVE	NID EVERNOES	b4	41,620.	
	Add lines b1 through b4				41,620.
с	Subtract line b from line a			<u> </u>	441,409.
ď	Amounts included on Part I, line 17,	but not on line a:		<u> </u>	1127.000
-	1 Investment expenses not included or		dı	ļ	
	•				
			d2		
	Add lines d1 and d2				d
e	Total expenses (Part I, line 17) Add	limes c and d		→	441,409.
Pa		ctors, Trustees, and Key E	mplovees (List eac	h person who was an of	
	or key employee at any time	during the year even if they were	not compensated) (S	ee the instructions)	
		(B) Title and average hours per week devoted	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	to position	(if not paid, enter -0-)	employee benefit plans and deferred	account and other allowances
				compensation plans	
	NNA STORY				
ΗÜ	NTSVILLE, TX		_		
		CHAIRMAN 1	0,	0.	0,
	LL GREEN				
ΉŌ	NTSVILLE, TX				_
	NW DON TROOP	TREASURER 1	0.	0.	0.
	ANK ROBERTS			1	
Ήñ	NTSVILLE, TX		0	0.	
m T	CB BIMBUDEV	VICE CHAIRMAN 1	0.	V.	0.
	SH HUMPHREY				
'nυ	NTSVILLE, TX	VICE CHAIRMAN 1	0.	0.	_
DΛ	M MARKHAM	VICE CHAIRMAN I	U.	 	<u> </u>
	NTSVILLE, TX				ļ
∴'⊻		VICE CHAIRMAN 1	0.	0,	0.
See	List of Officers, Etc. Statement			1	······································
=					<u> </u>
BA	4	TEEA0105 01	/18/07		Form 990 (2006)

Form 990 (2006) HUNTSVILLE WALKER CO.	CHAMBER OF CO	MMERCE	74-070	2260	Ç	Page (
Part V-A Current Officers, Directors, Tri					Yes	No
75 a Enter the total number of officers, directors, and trustees p						
b Are any officers, directors, trustees, or key em- listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	isaled prolessional and gh family or business r	i olher independent cont	ractors listed in Schedul	ees le 75 b		×
c Do any officers, directors, trustees, or key emplished in Schedule A, Part II, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	isated professional and I any other organization e definition of 'related o	l other independent conti ns, whether tax exempt c organization'	raciors listed in Schedul	اما		х
If 'Yes,' altach a statement that includes the in	formation described in	the instructions				
d Does the organization have a written conflict or				75 d		
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, directe during the year, list that person below a the instructions)	er, trustee, or key empl	ovee received compensa	ation or other benefits (d	fescribed be	low)	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allowa	and oth	
		·				
	<u></u>					
B 418 Other late with a 70 a than a fe						
Part VI Other Information (See the Instr					Yes	No
76 Did the organization make a change in its active if 'Yes,' attach a detailed statement of each cha	ties or methods of cond nae	ducting activities?		76	1	х
77 Were any changes made in the organizing or go If 'Yes,' attach a conformed copy of the changes	overning documents but	not reported to the IRS	7	77		X
78a Did the organization have unrelated business gr b if 'Yes,' has it filed a tax return on Form 990-T t	oss income of \$1,000 o	or more during the year	covered by this return?	78a 78b	_	<u>х</u> х
79 Was there a liquidation, dissolution, termination year? If 'Yes,' atlach a statement	, or substantial contrac	tion during the		79		x
80 a Is the organization related (other than by associ membership, governing bodies, trustees, officer	ation with a statewide i s, etc, to any other exe	or nationwide organization Impt or nonexempt organ	on) through common rization?	80a		<u>x</u>
b If 'Yes,' enter the name of the organization ►	، جو جو سو سو مد بو بو بو بو بو بو بو بو بو بو بو بو بو	and whather the T				
81 a Enter direct and indirect political expenditures (ر لسما	empt ori nonexem 81 a	ilbi		
b Dirt the organization file Form 1120-POL for this		٠ ١.		816		x I

Form 990 (2006)

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Form 990 (2006) HUNTSVILLE WALKER CO.CHAMBER OF COMMERCE	74-07022	50		Page
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	82 a		x
bif 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	826	_		
83a Did the organization comply with the public inspection requirements for returns and exemption	applications?	83 a		X
b Did the organization comply with the disclosure requirements relating to quid pro quo contribu	tions?	83 b	Х	<u> </u>
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X
b If "Yes," did the organization include with every solicitation an express statement that such cornol tax deductible?	itributions or gifts were	84 b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		85 a		<u> </u>
b Did the organization make only in-house tobbying expenditures of \$2,000 or tess?		85 ხ	<u> </u>	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year	organization received a			
c Dues, assessments, and similar amounts from members	85c N/F	.		
d Section 162(e) lobbying and political expenditures	85d N/A			ļ
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			1
f Taxable amount of tobbying and political expenditures (line 85d less 85e)	851 N/P			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	***	85 g		_x
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductibile following and political expenditures for the following tax year?	able estimate of	85 h		х
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on				
line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A		l	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable co or an entity disregarded as separate from the organization under Regulations sections 301 770 If 'Yes,' complete Part IX	rporation or partnership, 1-2 and 301 7701-3?	88 a		х
b At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If "Yes," complete Part XI	within the meaning of	88 b		Х
89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year und	er			
section 4911 ► , section 4912 ► , section 4	955 •			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If "Y explaining each transaction	benefit transaction es, attach a statement	89 b	N/	4
c Enter Amount of lax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•		ļ	
d Enter Amount of tax on line 89c, above, reimbursed by the organization	P			
e All organizations. At any time during the tax year, was the organization a party to a prohibited	tax shelter transaction?	89 e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable ins	urance contract?	168		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. D organization, or a fund maintained by a sponsoring organization, have excess business holding the year?	id the supporting s at any time during	89 a		X
90 a List the states with which a copy of this return is filed TEXAS				
b Number of employees employed in the pay period that includes March 12, 2006		 		10
(See instructions) Pla The backs are in care of B. IRPE MCPARTAND. Telephone pure] hber► (936) 295–8	906		12
91a The books are in care of DEE MCFARLAND Telephone num Located at 1327 11TH ST, HUNTSVILLE TX	ZIP + 4 > 77340			
h Al any lang during the coloreder user did the properties have an interest in an appropriate	other outbords over a	Γ	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other final lift 'Vest' pater the page of the foreign country.	ncial account)?	91 b		
If 'Yes,' enter the name of the foreign country				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of For Financial Accounts	eign Bank and		200.40	יטטכי
BAA		Form !	99U (2	:นบธ)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2006

Open to Public

90 ini	omuse R lean	nt of the Treasury evenue Service	► The	organization may have to use	a copy of this return to s	satisfy	state reporting ri	equiren	nents		ection
Ā			dar year.	or tax year beginning	, 2006	, and	ending	· · · · ·		·	
В		ik il applicable		C Name of organization		•		D Em	ployer Idi	entification Num	nber
		Address change	Please uso IRS label	HUNTSVILLE WALKER	CO.CHAMBER OF	СОМІ	MERCE	7.	4-070	02260	
		Name change	or print or type	Number and street (or P.O. box if				· I	ephone n		
	12000	lostral return	Seo	P.O. BOX 538				(9	9361	295-811	3
	-	Firial iolura	instruc- uons	City, tewn or country	Sla	te ZiF	code + 4		ounting thou,	Cash	7.7
	Π.	Amended return		HUNTSVILLE	T	x 7	7342-0538		7	specify) =	East .
	Ħ,	Application pending	• Section	on 501(c)(3) organizations and	1 4947(a)(1) nonexempt		H and I are not applie	cable to s		·	
	حبب	•	charit	lable trusts must attach a con			H (a) is lhus a grou	ip return l	ior affiliati	es? 🔲 Y	es X No
_		14 - No. 17 (N	(rom	1 990 or 990-EZ).			H (b) If Yes, enter	r number	of affiliate	es ►	_
G	wei	site: N/A					H (C) Are all affilia				es X No
j		anization type	_	(V)	П Г	7	(If 'No,' attac				
		ck only one)		X 301(c) 6 4 (insect i		527	H (d) is this a sepa organization (ភោ
K				zation is not a 509(a)(3) supp iot more than \$25,000. A retur							es X No
	orga	anization choose	es to file a	return, be sure to file a comp	lete return	u re	I Group Exe M Check ►	~			unead
_	Cros	to resource Add	Jugge Ch	Ch. Oh. and 10h to top 12	40¢ 025					zation is not req 10, 990-EZ, or 99	
6	art l			8b, 9b, and 10b to line 12 has ses, and Changes in N		Ralar	1		·		
[[-			··	nts, and similar amounts rece		Jaiai	ices (See the	1115(1)	1000	3./	
	1	Contributions			ıveu	1 1 2	.I				
	!			ot included on line 1a)		11	•	000.	!		
	1	•	., ,	not included on tine 1a)		10	·	000.	1		
	}	•		ns (grants) (not included on lir	ne lal	10	· · · · · · · · · · · · · · · · · · ·		1		
	1	2 Total (add lines 1a through 1d) (ca		3,000 noncash					1 e		3,000.
	2			ie including government fees a		WIE II	ne 93)		2	1 7	2,295.
	3	Membership d			THE FEMOLES CHOICE BIT	*,	110 55)		3		0,660.
	4	•		temporary cash investments					4		15.
	5	Dividends and	-						5	 	13.
	1	Gross rents	mierest i	form securities		6a	1		-3-		
	i	Less rental ex	vnone or			6 b	 		1		
	1			ss) Subtract line 6b from line	50	0.0			اءا		
	7	Other investm	· .		Oa .			,	6 c		
GENERA		•			(A) Securities	 	(B) Other	,	 -		
Ē	8a	Gross amount than inventory		s of assets other	(2) 0000111003	8a	(B) Other]		
· U		•		s and sales expenses		86					
E		Gain or (loss) (atta		•		8 c	 				
	ľ			one line 8c, columns (A) and ((B)		<u> </u>		8 d		
	!			ities (altach schedule) if any	• •	. chec	khere ►∭]	55		·····
	a	Gross revenue	(not mult	ıdıng Ş	0. of contributions		i i i i i i i i i i i i i i i i i i i	•	1 1	•	
		reported on fin	e 1b)			9a	120,	065.	i l		
	ь	Less direct ex	penses of	her than fundraising expenses	i	96		620.			
	c	Net income or	(loss) from	m special events. Subtract line	9b from line 9a		See L-9 St	.mt	9c	7	8,445.
	10 a	Gross sales of	inventory	, less returns and allowances		10 a					
	ь	Less cost of g	oods sold			10 b					
	C	Gross profit or (los	is) írom sale	s of inventory (attach schedule). Subt	ract line 10b from line 10a				10 c		
	11	Other revenue						į	11		
	12	Total revenue.	Add lines	1e. 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	Oc. and 11				12	44	4,415.
Ę.	13	*		line 44, cotumn (B))	RECEIVED				13	11	1,409.
の呼びと言うと日	14			il (from line 44, column (0))		ایرر		ļ	14		
N	15	Fundraising (fr		im!	JUN 1 5 2007	S-OS		1	15		
Ě	16	•	-	Mach scriedule)	JUN 1 5 2007	131		ļ	16		
-S	17	Total expenses	s. Add line	es 15 and 44, column (A)		100					1,409.
A	18			e year Subtract line 17 from t		-			18		3,006.
NET	19			ces at beginning of year (from			÷	ļ	19	130	0,918.
Ť	20 21			sets or fund balances (allach e					20		
	21	THE SERVE OF D	una nalan	ces at end of year. Combine to	nes IX IV And 20)				21	172	3 024

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

TEEA0101 01/18/07

Do not include amounts reported on lin 6b, 8b, 9b, 10b, or 16 of Part I	e	(A) Total	(8) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised					
funds (attach sch)					!
(cash \$			1		
non-cash \$)					
If this amount includes foreign grants, check here	22 a				
22b Other grants and allocations (att sch)					
(cash \$					
non-cash \$)			j		
If this amount includes foreign grants, check here ► [22 b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in		00.000	00.000		
Part V-A (attach sch) b Compensation of former officers,	25a	82,009.	82,009.		
directors, key employees, etc listed in Part V-B (atlach sch)	25b				
 Compensation and other distributions, not included above, to disqualified persons (as 					
defined under section 4958(f)(1)) and persons					
described in section 4958(c)(3)(B) (attach schedule)	25 c				
, ,					
26 Salaries and wages of employees not included on lines 25a, b, and c	26	106,818.	106,818.		
27 Pension plan contributions not included on lines 25a, b, and c	27	9,009.	9,009.		
28 Employee benefits not included on lines 25a - 27	28	21,603.	21,603,		
29 Payroll taxes	29	16,521.	16,521.		
30 Professional fundraising fees	30	10,321.	10,021.		
31 Accounting fees	31	6,075.	6,075.		
32 Legal fees	32	<u> </u>			
33 Supplies	33	2,507.	2,507.		· · · · · · · · · · · · · · · · · · ·
34 Telephone	34	8,002.	8,002.		
35 Postage and shipping	35	4,200.	4,200.		
36 Occupancy	36	24,968.	24,968.		
37 Equipment rental and maintenance	37	9,964.	9,964.		
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	9,570.	9,570.		
41 Interest 42 Depressaling designing rate (attach exhadula)	41	16 105	16 100		
42 Depreciation, depletion, etc (attach schedule) 43 Other expenses not covered above (demize)	42	16,105.	16,105.		
a ADVERTISING	43a	2,319.	2,319.		
b ANNUAL REPORT	43b	380.	380.		
c APPRECIATION	43c	513.	513.		
d AUTOMOBILE EXPENSE	43d	13,796.	13,796.		
e BANK CHARGES	43 e	162.	462.		
1 BOARD ACTIVITIES	431	2,582.	2,582.		<u> </u>
g See Other Expenses Stmt	43g	104,006.	104,006.		
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (8) (D), carry these tolats to lines 13 - 15)	44	441,409.	441,409.		
loint Costs. Check 🕒 If you are following					
Are any joint costs from a combined education for the aggregate amount of the	nal campaigi	_		ogram services? runt allocated to Progra	Yes X No
	allocated to N	lanagement and genera		_	amount allocated
o Fundraising \$					
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	ILLE WALKER CO.CHAM	BER OF COMMERCE	74-070)2260 Page:
	Program Service Accom			
raporation. How the public r	nercenies an organization in suc	ple, serves as the primary or sole source of inform h cases may be determined by the information pre lly describes, in Part III, the organization's progran	sented on i	is return. Therefore
Vhat is the organization's printly organizations must descributed by the served, publications is stations and 4947(a)(1) nonex	mary exempt purpose? > Cl be their exempt purpose achieve sued, etc Discuss achievement kempt charitable trusts must also	HAMBER OF COMMERCE Iments in a clear and concise manner. State the nices that are not measurable. (Section 501(c)(3) and penter the amount of grants and allocations to other	umber of (4) organiers)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
	INING, ECONOMIC DEV			
(Grants and allocations	\$ 0.) If this amount includes foreign grants, check he	re FT7	441,409.
b				
*****		الله الله الله الله الله الله الله الله		
(Grants and allocations	\$) If this amount includes foreign grants, check he	re - [***
c			- 	
			·	
(Grants and allocations	\$) If this amount includes foreign grants, check he	re 🟲 📗	
d				
(Grants and allocations	\$) If this amount includes foreign grants, check he	 re ► []	
e Other program services	<u>, </u>	ya uma erreden meredes toroiga granta, errede no	·	
(Grants and allocations	\$) If this amount includes foreign grants, check he	re ► 🗍	W-1-000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
/ Total of Program Service	e Expenses (should equal fine 4	4. column (B), Program services)	-	441,409.

Form 990 (2006)

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ote:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	n the de	scription	(A) Beginning of year		(6) End of year
- 1	15 Cash — non-interest-bearing			29,292	45	11,769
4	16 Savings and lemporary cash investments				46	
١,	17a Accounts receivable	47 a	24,316.			
-	b Less allowance for doubtful accounts	47 b	24,310.	11 510	47.0	24 21
	b Less anowance for doubtful accounts	4/0		11,510.	47 c	24,31
1	8a Pledges receivable	48 a				
	b Less allowance for doubtful accounts	48 b			48 c	
4	9 Grants receivable				49	
	i0 a Receivables from current and former officers, director employees (attach schedule)	rs, truste	es, and key		50 a	
	b Receivables from other disqualified persons (as defined and persons described in section 4958(c)(3)(8) (altac	ed under ch sched	r section 4958(f)(1)) ule)		50 b	
5	1a Other notes and loans receivable (attach schedule)	51 a				
	b Less allowance for doubtful accounts	51 b			51 c	
5	2 Inventories for sale or use			3,144.	52	95
5	3 Prepaid expenses and deferred charges		Î	500.	53	483
5	4a Investments – publicly-traded securities	-	Cost FMV		54a	
	b investments - other securities (attach sch)	*	Cost FMV		54b	
5	5a Investments - land, buildings, & equipment basis	55 a				
	b Less accumulated depreciation (attach schedule)	55 b			55 c	
5	6 Investments – other (atlach schedule)				56	
5	7a Land, buildings, and equipment basis	57 a	532,832.			
	b Less accumulated depreciation (attach schedule) L-5.7 Stmt	57 b	386,086.	141,138.	57 c	146,746
5	Other assets, including program-related investments					
1_	(describe >		:>		58	
5		ի 58		185,584,	59	183,405
61			-	22,959.	60	23,493
6			Ĺ		61	
6:	2 Deferred revenue		ļ	31,707.	62	25,988
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64	la Tax-exempt bond liabilities (attach schedule)				64 a	
	b Mortgages and other notes payable (attach schedule)		Ī		64 h	
6:	Other liabilities (describe •		, [65	
66	Total liabilities. Add lines 60 through 65			54,666.	66	49,481
Or		nd comp	lete lines 67			
]	through 69 and lines 73 and 74				- 1	
67	Unrestricted			130,918.	67	133,924
	Temporarily restricted		L		68	
68	Permanently restricted	_			69	
69	•		id complete lines	İ		
69	ganizations that do not follow SFAS 117, check here 🕨	an		i	3	
69	ganizations that do not follow SFAS 117, check here > 70 through 74	an				
69	ganizations that do not follow SFAS 117, check here > 70 through 74 Capital stock, trust principal, or current funds	-			70	
69 On 70 71	ganizations that do not follow SFAS 117, check here > 70 through 74 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipn	nent furu	d		70 71	
69 On 70	ganizations that do not follow SFAS 117, check here > 70 through 74 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipn	nent furu	d			
69 On 70 71	ganizations that do not follow SFAS 117, check here > 70 through 74 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipm Retained earnings, endowment, accumulated income.	ment fund or other	d funds	130,918.	71	133,924.

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74-0702260

Page 5

Form 990 (2006)

Form 990 (2006) HUNTSVILLE WALKER CO.CHAMBER OF COMMERCE

Form 990 (2006) HUNTSVILLE WALKER CO.	CHAMBER OF CO	MMERCE	74-07022	60		
Part V-A Current Officers, Directors, Tri	········				Yes	Page No
75 a Enter the total number of officers, directors, and trustees p						1,40
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	ployees listed in Form isaled professional and th family or business r	990, Part V-A, or highes d other independent cont	st compensated employees ractors listed in Schedule	75 b		x
c Do any officers, directors, trustees, or key emplished in Schedule A, Part II, or highest compen A, Part II A or II B, receive compensation from to the organization? See the instructions for the	oloyees listed in form 9 sated professional and any other organization e definition of related	f other independent cont ns, whether tax exempt o organization'	ractors listed in Schedule	75 c		X
If 'Yes,' attach a statement that includes the in		the instructions			١	
Part V-B Former Officers, Directors, Tru		nnlovees That Base	nived Componentian	75 d		<u> </u>
Benefits (If any former officer, director during the year, list that person below a the instructions)	r trusiee or keviernol	lovee receivert compens:	ation or other benefits (des	cribed be	low)	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -D-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allowa	and oth	her
		•				
						
Part VI Other Information (See the instr	uctions.)				Yes	No
76 Did the organization make a change in its activity of Yes, attach a detailed statement of each cha	lies or methods of con-	ducting activities?		76		х
77 Were any changes made in the organizing or go	•	t not reported to the IRS	7	77		Х
If 'Yes,' attach a conformed copy of the changes	S					
78a Did the organization have unrelated business gr	oss income of \$1,000	or more during the year	covered by this return?	78a		Х
bilf 'Yes,' has it filed a tax return on Form 990-T to	or this year?			78 b		X
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	or substantial contrac	tion during the		79		x .
80 a is the organization related (other than by associ membership, governing bodies, trustees, officers	ation with a statewide as, etc. to any other exe	or nationwide organization	on) through common	80a		x .
b If 'Yes,' enter the name of the organization ►	er eret in med menter mun	* > = : : : : : : : : : : : : : : : : : :			_	انتشنا
	and ch	eck whether it is ex	empt or nonexempt	·		
81 a Enter direct and indirect political expenditures (See tine 81 instruction	s)	81 a	_	ĺ	
b Did the organization file Form 1120-POL for this		- 1		816		x J
BAA				Form 9	90 (2	(005

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Form 990 (2006) HUNTSVILLE WALKER CO. CHAMBER OF COMMERCE	/4-0/0220	o U	<u> </u>	age
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities a substantially less than fair rental value?	at no charge or at	82 a		х
bili 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	_		
83 a Did the organization comply with the public inspection requirements for returns and exemption	applications?	83 a		х
b Did the organization comply with the disclosure requirements relating to quid pro quo contributi	ions?	83 b	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such cont not tax deductible?	Iributions or gifts were	84 b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		85 a		Х
b Did the organization make only in-house lobbying expenditures of \$2,000 or tess?		85 b	_X_	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy lax owed for the prior year	organization received a			
c Dues, assessments, and similar amounts from members	85 c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A	.		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A		ı	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	<u>.</u> أ		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g		X
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonal dues allocable to nondeductible lobbying and political expenditures for the following tax year?	able estimate of	85 h		Х
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on				
line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A		ſ	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	876 N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable cor or an entity disregarded as separate from the organization under Regulations sections 301 7701 If "Yes," complete Part IX	poration or partnership, 1-2 and 301 7701-3?	88 a		x
b At any time during the year, did the organization, directly or indirectly, own a controlled entity w section 512(b)(13)? If "Yes," complete Part XI	within the meaning of	88 b		х
89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under	er			
section 4911 - , section 4912 - , section 49	55 >		1	
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If "Ye explaining each transaction	benefit transaction es," attach a statement	89 b	N/A	<u>. </u>
c Enter Amount of lax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•			
d Enter Amount of tax on line 89c, above, reimbursed by the organization	-		ļ	
e All organizations. At any time during the tax year, was the organization a party to a prohibited to	ax shelter transaction?	89 e		<u> </u>
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insu		168		Х
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Discognization, or a fund maintained by a sponsoring organization, have excess business holdings the year?	d the supporting s at any time during	89 q		x
90 a List the states with which a copy of this return is filed TEXAS	į	03 g j	}	
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		906		12
Pla The books are in care of ► DEE MCFARLAND Telephone num	ب ber► (936) 295–6			
Located at - 1327 11TH ST, HUNTSVILLE TX	ZIP + 4 ► 77340			
			Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or of financial account in a foreign country (such as a bank account, securities account, or other finantif 'Yes,' enter the name of the foreign country.		91 b	_	
If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Fore				
Financial Accounts				000
AA .		Form:	990 (2	:UU6)

e Al any time during the calendar year, di	id the organization			ited States?	Yes No
If 'Yes,' enter the name of the foreign co Section 4947(a)(1) nonexempt charitable		rm 990 ın lıeu of Fi			
and enter the amount of tax-exempt inte	erest received or a	accrued during the	e tax year	nere ► 92	i.
Part VII Analysis of Income-Produ	ıçing Activitie	s (See the ins	structions.)		
		business income		ction 512, 513, or 514	4 50
ote: Enter gross amounts unless therwise indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue		_			~ ~ ~ ~
a MEMBERSHIP DEVELOP b NEWSLETTER					2,840.
6 SERVICE REVENUE					6,150.
d BUSINESS DEVELOPMENT			+		3,333. 53,337.
e See Program Service Revenue Simi					16,395.
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					90,240.
94 Membership dues and assessments					190,660.
95 Interest on savings & temporary cash invmnts			3.4	15.	
96 Dividends & interest from securities	<u></u>				
97 Net rental income or (loss) from real estate					
a debt-financed property					Hart did a second
b not debt-financed property 98. Net restal prome or (loss) from pers prop					
98 Net rental income or (loss) from pers prop 99 Other investment income	 				j.
	-				***************************************
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events	 		03		78,445.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
С	I				
d	1				
e IDA Subtotal (add columns (R) (D) and (E)	i			2.1	111 400
104 Subtotal (add columns (B), (D), and (E)) [15.	441,400.
105 Total (add line 104, columns (B), (D), and te: Line 105 plus line Le Part I, should emis	• • •	· +0 00#1		F	441,415.
ite: Line 105 plus line 1e, Part I, should equa art VIII Relationship of Activities to			Durnoses	Can the instructi	1
ine No. Explain how each activity for which of the organization's exempt purpos	income is report ses (other than b	ied in column (a) i w providing funds	of Part VII contributed for such purposes)	d importantly to the act	complishment
93 ACTIVITIES PROMOTE LOG					_
94 MEMBERSHIP DUES ARE A					
Part IX Information Regarding Taxa		ries and Disre	garded Entities	(See the instruction	ons) N/A
(A)	(B)				
Name, address, and EIN of corporation,	Percentage of ownership interest				
partnership, or disregarded entity	ownership interest	8 E			
		8			
		8			
	Ι .	5			
		8			
Part X Information Regarding Tran	8				
Part X Information Regarding Tran	nsfers Associa	ated w			
a Did the organization, during the year, receive any fund b Did the organization, during the year, pay	nsfers Associates, directly or indirectly premiums, directly	iated w city, to pay Uy or inc			
a Did the organization, during the year, receive any fund	nsfers Associates, directly or indirectly premiums, directly	iated w city, to pay Uy or inc			

	330 (2000) HUNISVILLE WALKER CO.CHAMB			-0702260	F	age
Pai	t XI Information Regarding Transfers To a organization is a controlling organizati	and From Controlled E on as defined in sectio	intities. Complete on on 512(b)(13).	ly if the	N/A	
	7		· · · · · · · · · · · · · · · · · · ·		Yes	No
106	Did the reporting organization make any transfers to "Yes," complete the schedule below for each controller	a controlled entity as defined d entity	in section 512(b)(13) of t	he Code? If	703	-100
	(A) Name, address, of each controlled entity	(B) Employer identification Number	(C) Description of transfer	Amount	(D) of tran	sler
а		-				
b		•				
c		•				***************************************
	Totals				•	
107	Did the reporting organization receive any transfers from Yes, complete the schedule below for each controlled	om a controlled entity as def	ined in section 512(b)(13)	of the Code? If	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer identification Number	(C) Description of transfer	Amount e	D) of trans	ster
a						
b						
С						
	Totals					
108	Did the organization have a binding written contract in annuities described in question 107 above?	effect on August 17, 2006, c	overing the interest, rents,	royalties, and	Yes	No
leas iign lere	Under perhitties of person, I decided that I have examined the rotus into direct, and conflict flowaging of propagation of the second of the s	in, including accompanying schedule; icer) is based on all information of wh	s and statements, and to the best of the preparer has any knowledge of the Date		lief, it is	
aid	Type or print navide or by tille Preparer's	Date	Check-il self	Preparer's SSN of General Instruction	PTIN (S	<u></u>
re- arer Ise	yours it self.	A. 06/ MPANY, P.C.	U5/U/ employed ►	<u> </u>		
nly	émployed), address and ZIP+4 P.O. BOX 6308 HUNTSVILLE	TX 77342	Phone no	(936) 291-3	020	~ -
AA			1, 1000 10		990 (20	006)

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

· Attach to your tax return.

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

► See separate instructions.

Atlanhment Sequence No 67

Name(s) shown on return Identifying number HUNTSVILLE WALKER CO. CHAMBER OF COMMERCE 74-0702260 Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Part I Maximum amount. See the instructions for a higher limit for certain businesses. 1 \$108,000. 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 properly before reduction in limitation \$430,000. 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 - If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (husiness use only) (C) Elected cost 7 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12. ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 16,105. MACRS Depreciation (Do not include listed property.) (See instructions) MACRS deductions for assets placed in service in tax years beginning before 2006 17 0. If you are electing to group any assets placed in service during the lax year into one or more general asset accounts, check here Assets Placed in Service During 2006 Tax Year Using the General Depreciation System Section B -(g) Depreciation (a) Classification of property (b) Month and (C) Basis for depreciation (d) (f) Mothod (business/invostment use Recovery pened only - see instructions) 19a 3-year property b 5-year properly c 7-year property b 10-year property e 15-year property 1 20-year property 25 yrs S/L g 25-year property h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L 40 yrs MM S/L c 40-year Part IV Summary (see instructions)

For assets shown above and placed in service during the current year, enter

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.

21 Listed property. Enter amount from line 28

16,105.

21

22

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

		or any venicie io s (a) through (c)								lease ex	quense, «	complete	e only 2	48, 240,	
		on A – Deprecia				aution:		7	7					_	
24	a Do you have eviden	T		,	-		Yes		No 24b	'Yes,' is t		e written?		Yes	Nc
т	(a) ype of properly (list vehicles (irst)	Dale placed	(C) Business/ investment use percentage	Cos	d) slor basis	(busic	(e) for depred ress/unvesi use only)	ation iment	(f) Recovery period	Co	(g) Authod/ Invention		(h) reciation duction	sec	(i) Jecled Hon 179 Cost
25	Special allowar	nce for qualified rear and used n	New York Li nore Ihan 50	berly or C % in a qua	Sulf Oppo	ortunity . isiness (Zone pro use (see	operty e instr	placed in uctions)	service	25				
26	Property used r	more than 50%	in a qualified	business	use				T			1			
		<u> </u>	<u> </u>								*				
					· · · · · · · · · · · · · · · · · · ·					_					
27	Property used 5	0% or less in a	qualified bu	siness use	9										
						+				-					
28	Add amounts in	column (h), lin	es 25 throug	h 27 Ente	r here a	nd on hi	ne 21, p	age 1	<u> </u>		28	}		-	
	Add amounts in	, , ,	-				, ,						29)	
	nplete this section our employees, fil			proprietor		r, or olh	er 'more	e than	15% ожпе						icles
30	Total business/i during the year commuting mile	(do not include		!	(a) ncle 1	1 '	(b) icle 2		(c) /ehicle 3	1	d) icle 4		e) icle 5	1	f) icle 6
31	Total commuting ma	=	ie year												
32	Total other pers	onal (noncomm	uting)												
33	Total miles drive lines 30 through		ear Add								ı		T		1
34	Was the vehicle		ersonal use	Yes	No	Yes	No_	Ye	s No	Yes	No	Yes	No	Yes	No
35	Was the vehicle than 5% owner	used primarily													
36	Is another vehic personal use?	le available for												<u> </u>	
			C Question							-					_
Ansv 5% d	ver these question wners or related	ns to determine persons (see in	if you meet istructions)	an except	ion to co	mpleting	g Sectio	n B fo	or vehicles	used by	employ	ees who	are not	t more t	
37	Do you maintain by your employe	a written policy es?	statement t	hat pronib	its all pe	rsonal u	use of v	ehicle	s, includin	g commi	uting,			Yes	No
38	Do you maintain employees? See	a written policy the instructions	statement to s for vehicles	nal prohib used by	its perso corporate	nal use e officer	of vehic s, direct	cles, e tors, c	except con or 1% or m	muling, ore own	by your ers				
39	Do you treat all u	use of vehicles	by employee	s as perso	nal use	7									
40	vehicles, and ret	ain the informa	tion received	7							out the	use of th	ne		
41	Do you meet the Note : If your ans	requirements of wer to 37, 38, 3	oncerning qu 39, 40, or 41	is 'Yes,' c	tomobile <i>to not co</i>	demons mplete	stration <i>Section</i>	use? B for	(See instri the covere	uctions) ed vehicl	es				
Par	t VI Amortiz			·					·		-1				
	Descr	(a) option of costs		Oale an	b) norlization giris		(C) Amortizabl amount	le	C	d) de Gon	Amor	(2) lization iod oi entage	A.	(f) mortizalion or this year	<u>, </u>
42	Amertization of o	osts that begin	s during you	2006 tax	year (se	e instru	ctions)					<u>'</u>			
											-				
43	Amortization of	costs that bega	n before you	2006 lax	year						<u> </u>	43			
44	Total. Add amou				where l	o report						44	F.	4562	(2006)

Form 990, Page 2, Part II, Line 43 Other Expenses Stmt

Other expenses not covered above (Itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BUSINESS AFTER HOURS	19.	19.		
BUSINESS DEVELOPMENT	35,143.	35,143.		
BUSINESS ED ALLIANCE	329.	329.		
CHAIRMAN ACTIVITIES	336.	336.		
COMMUNICATIONS	254.	254.		
COMPUTER EXPENSE	3,605.	3,605.		
DUES/SUBSCRIPTIONS	4,093.	4,093.		
ECONOMIC DEVELOPMENT	260.	260.		
EXISTING BUSINESS	3,327.	3,327,		
GENERAL OFFICE	3,859.	3,859,		
INSURANCE	11,292.	11,292.		
KATRINA EXPENSE	3,000.	3,000.		
LEADERSHIP INSTITUTE	11,071.	11,071.		
LEADERSHIP LUNCHEON	1,050.	1,050.		
MEMBERSHIP DIRECTORY	1,442.	1,442.		
MEMBERSHIP RECRUITMENT	2,046.	2,046.		
MEMBERSHIP RETENTION	6,505.	6,505.		
MISCELLANEOUS	2,537.	2,537.		
NEWSLETTER/PUBLIC RELATIONS	2,719.	2,719.		
OFFICE EXPENSES	7,572.	7,572.		
PARK COMPLEX	2,500.	2,500.		
RESOURCES/VOICES	1,047.	1,047.		
UNCOLLECTIBLE MEMBERSHIPS	0.	0.		

Total 104,006. 104,006.

Form 990, Page 5, Part V-A List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
DR. CURTIS MONTGOMERY			· · · · · · · · · · · · · · · · · · ·	
HUNTSVILLE, TX	MEMBER			
	1	0.	0,	<u>0.</u>
DALE WRIGHT				
HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
DANNY SLATER				
HUNTSVILLE, TX	MEMBER		ļ	
	1	0.	0.	0.
DEE MCFARLAND				
HUNTSVILLE, TX	PRESIDENT			
	40	68,580.	3,429.	10,000.
BRUCE HAY			·	
HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.

Form 990, Page 5, Part V-A List of Officers, Etc. Statement

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JASON BURNETT				
HUNTSVILLE, TX	MEMBER 1	0.	0.	0.
KIM VAN WAGNER	***************************************		<u></u>	ļ
HUNTSVILLE, TX	MEMBER			
	1	0.	0.	0.
BILL MIZELL	WELLER D.			
HUNTSVILLE, TX	MEMBER 1	.0.	0.	0.
KEVIN HAYES				
HUNTSVILLE, TX	MEMBER			
	1		0.	0.
JACKI DAWSON HUNTSVILLE, TX	MEMBER	İ		
HUNISVILLE, IX	1	0.	0.	0.
WILL DURHAM				
HUNTSVILLE, TX	MEMBER			
	1	0.	0.	<u> </u>
RONNIE BRAME HUNTSVILLE, TX	MEMBER			
1100107211107 11	1	0.	0.	.0 .
JIM SIMS				
HUNTSVILLE, TX	MEMBER'			
	1	0.	0.	0.

Form 990, Page 8, Part VII, Line 93 Program Service Revenue Stmt

	ì	related ess income	I .	cluded by 512, 513, or 514	(5)
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	(E) Related or exempt function income
Program service		:			
LEADERSHIP INSTITUTE MISCELLANEOUS					16,395.

Total

16,395.

Form 990, Page 1, Part I, Line 9
Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
FAIR ON THE SQUARE	59,716.	0.	59,716.	18,851.	40,865.
ANNUAL MEETING	43,008.	0.	43,808.	15,588.	28,220.
NIGHT GOLF	16,541.	0.	16,541.	7,181.	9,360.
Total	120,065.	0.	120,065.	41,620.	78,445.

Form 990, Page 4, Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
FURNITURE & FIXTURES	60,206.	60,206.	0
OFFICE EQUIPMENT	111,972.	111,972.	0
BUILDING & IMPROVEMENTS	335,541.	213,908.	121,633
LAND	25,113.	0.	25,113
Tota!	532,832.	386,086.	146,746